



Good Afternoon Senator Musto, Representative Tercyak and all members of the Health Services Committee. I am Ann Olson, President and Administrator for Interim Healthcare of Hartford, Inc. Interim is a For-Profit Home care agency that services all of Hartford County, and parts of Tolland and Middlesex Counties. We service about 1800 clients a day. We care for all ages, from newborns to the elderly, and offer several specialty programs to meet the unique needs in the community. These include Medical surgical, Pediatrics, Behavioral Health, Cardiac Care, Wound Care and Rehabilitation Services. Last year we provided 187,396 visits to this diverse client population that we serve.

My testimony focuses on Bill SB30, regarding the proposal to utilize trained home health aides to administer medications in the home. I would like to say we "cautiously" support the use of specialty trained home health aides to administer medication in certain situations. This bill would impact across our client population, but primarily our Behavioral Health and the Money Follows the Person clients that we have helped to transition home. We all want to ensure that there is a successful transition to home, with a safe plan of care that is in line with our shared goals of cost effective care with good client outcomes.

We have accepted 8 MFP clients since the start of this year, 2012. We believe this represents our support of the rebalancing effort. Our "caution" relates to the concern of a broad-brush approach with this legislation. A sample of two of these clients shows each with eight different diagnoses and a list of medications for one client 21, and the other client 25! These are complex clients whereby an aide would be unable to assess side effects, interactions, and generic names of medications and be unable to determine a reaction that would prohibit the administration of a medication. We believe that cases need to be classified and identified if appropriate for a specialized aide to administer medications.

Behavioral Health Patients with psychiatric illnesses present another challenge with this legislation. These patients have a higher incidence of medical co-morbidities than the general population. An assessment of patient's physical status is also done during a medication administration visit. Also on a daily basis, the psychiatric nurse must make clinical judgment regarding whether prn medication is required for medical and/or psychiatric symptoms. Can an aide assess whether the patient requires this as needed medication or have the knowledge to administer this medication correctly?

These complex cases also require management on the medication regimes. The medications often change and also can have life threatening side effects. These require Psychiatric Nurse assessment and oversight of blood work to monitor medication levels. The services of a skilled psychiatric nurse are required to ensure comprehensive assessment is done as well as ensuring that appropriate blood work is completed. The nurse will obtain the results and obtain any change in medication from the psychiatrist. The nurse must then coordinate delivery of these medications and implement the change in dosage. While this dose change is implemented the nurse must assess for side effects and efficacy of the medication. A Home Health Aide would be unable to complete this.

One quick example is during a daily medication administration visit, a patient was assessed by the psychiatric nurse and found to have severe swollen ankles/feet. This swelling developed rapidly and was not present the day before and was sent to the emergency room. An aide administering medication would not have looked at the patient's feet. The patient had not reported symptoms. As a result, the patient was started on new medication which to implement and assess requires the skill of a nurse. Another example of a schizophrenic patient is attached for further reference.

The above risk factors associated with these clients and their medications, in combination with the increased incidence of accompanying medical conditions, alcoholism and substance abuse in the Behavioral Health population further complicates medication administration. More commonly than we would like, we find a patient decompensate or in crisis during a medication administration visit. The nurse must assess the patient and perform crisis intervention swiftly.

These descriptions should help you prohibit a broad implementation Home health aide administration of medication with clients with complex medical and psychiatric care needs. I urge you to consider at least a severity system to allow skilled nursing for complex cases. This will prevent unnecessary hospital admissions, ED visits or even worse, a negative client outcome due to a lack of a nurse assessment during medication administration. Whether it is a psychiatric or complex medical MFP client at home, the client deserves and needs the care and assessment of a skilled nurse.

Thank you for your attention to this matter.

Patient Example

We have a schizophrenic patient who is seen twice a day. He lives alone. Does not clean his apartment, shower or do laundry. He leaves dirty food dishes and containers all over apartment for days. Ashtrays overflowing. Wears dirty and often urine soaked clothes. He is psychotic at baseline displaying symptoms such as paranoid thoughts, for example, he believes cameras are in the hall watching everyone, he taped over a vent in his apartment to block the gases from coming in, someone in the apartment building next door was shooting electro magnetic beams into him, he stays against the wall during some visits because he was scared that the nurse was going to give him germs. Delusional thinking, he believes that the table is cooking his food. Due to his severe symptoms, the nurse must use special communication skills and behavioral interventions in order for this patient to accept visits and take medication. He is on a medication that requires blood work and monitoring of lab values. The patient often tries to refuse taking his medication. Refusing this medication requires daily nursing to assess for worsening symptoms and the need to call the psychiatrist to titrate dosage. The patient has high blood pressure. He missed several appointments with his primary care doctor, as a result the doctor would no longer refill the patients blood pressure medicine. During a medication administration visit the nurse assessed the patient, his blood pressure was very high and he was hospitalized. An aide would not be able to assess and intervene in this case, as the patient did not complain of any physical symptoms.